

Endometriosis Pain and Bleeding Diary

The questions in this diary are designed to measure changes in your endometriosis symptoms. Please complete the diary **each night** just before you go to bed. For each question, please indicate how you've been feeling **during the past 24 hours** (or since the last time you completed the diary if it has not been exactly 24 hours).

The first questions are about pain. Please be sure to think only about **pain related to your endometriosis** when answering these questions.

		Yes	No
1	During the past 24 hours, did you have <u>any</u> endometriosis-related pain?	<input type="radio"/>	<input type="radio"/>
		(Skip to Question 12)	

The next few questions ask about **intermittent or periodic** endometriosis-related pain, pain that tends to come and go. These are then followed by a few questions about **continuous or constant** endometriosis-related pain, pain that tends to last awhile.

		Yes	No
2	During the past 24 hours, did you have any <u>intermittent or periodic pain</u> , such as sudden pains or cramps that came and went?	<input type="radio"/>	<input type="radio"/>
		(Skip to Question 6)	

3 During the past 24 hours, at its <u>worst</u> , how severe was your <u>intermittent or periodic pain</u> ?											
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8	9	10	
No Pain										Worst Pain Imaginable	

4	During the past 24 hours, about how many episodes of <u>intermittent or periodic pain</u> did you experience? An episode of intermittent or periodic pain is the number of sudden pains occurring together with a clear beginning and end.	_____ episodes

5	During the past 24 hours, <u>on average</u> , about how long did each of your episode(s) of <u>intermittent or periodic pain</u> last? Please indicate either the approximate number of minutes or seconds.	_____ minutes
		OR _____ seconds

		Yes	No
6	During the past 24 hours, did you have any <u>continuous or constant pain</u> , such as cramping or aching in your abdomen or lower back that lasted awhile?	<input type="radio"/>	<input type="radio"/>
		(Skip to Question 11)	

7 During the past 24 hours, on <u>average</u> , how severe was your <u>continuous or constant pain</u> ?											
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8	9	10	
No Pain										Worst Pain Imaginable	

8 During the past 24 hours, at its <u>worst</u> , how severe was your <u>continuous or constant pain</u> ?											
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8	9	10	
No Pain										Worst Pain Imaginable	

9	During the past 24 hours, about how much of the time (when you were awake) did you have <u>continuous or constant pain</u> ? Please indicate the approximate number of hours and/or minutes.	_____ hours AND/OR _____ minutes

Continue on next page

10	During the past 24 hours, about how much of the time were you asleep? Please indicate the approximate number of hours and/or minutes.	_____ hours
		AND/OR
		_____ minutes

11 During the past 24 hours, how much did your endometriosis-related pain interfere with your daily activities?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8	9	10
Did Not Interfere at All										Interfered Completely

The next few questions ask about **sexual activity**.

12	During the past 24 hours, did you have sexual intercourse or engage in any other sexual activity that involved full vaginal penetration?	Yes	No
		<input type="radio"/>	<input type="radio"/> (Skip to Question 15)

13	During the past 24 hours, did you have <u>any</u> endometriosis-related pain, either during or after sexual intercourse or other sexual activity that involved full vaginal penetration?	Yes	No
		<input type="radio"/>	<input type="radio"/> (Skip to Question 16)

14 During the past 24 hours, at its worst, how severe was the endometriosis-related pain you experienced either during or after sexual intercourse or other sexual activity that involved full vaginal penetration?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8	9	10
No Pain										Worst Pain Imaginable

15	During the past 24 hours, did you avoid sexual intercourse because of your endometriosis?	Yes	No
		<input type="radio"/>	<input type="radio"/>

16	During the past 24 hours, did you have any bleeding or spotting related to sexual activity?	Yes	No
		<input type="radio"/>	<input type="radio"/>

The next few questions ask about **menstruation and bleeding or spotting between periods**.

17	During the past 24 hours, have you been menstruating (bleeding or spotting <u>during</u> your period)?	Yes	No
		<input type="radio"/>	<input type="radio"/> (Skip to Question 19)

18	During the past 24 hours, did you have any <u>other</u> bleeding or spotting, such as spotting <u>between</u> periods? (Please do <u>not</u> include bleeding or spotting related to sexual activity).	Yes	No
		<input type="radio"/>	<input type="radio"/> (Skip to Question 20)

The next questions ask about **heaviness of bleeding or spotting and the number of sanitary products used for bleeding or spotting**.

19	During the past 24 hours, <u>on average</u> , how heavy was your bleeding or spotting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Light	Moderate	Heavy

20	During the past 24 hours, how many sanitary products (panty liners, pads or tampons) did you use? (If none, please enter 0).	_____	_____	_____
		panty liners	pads	tampons

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 Reference: Deal LS, DiBenedetti DB, Williams VSL, Fehnel SE. The development and validation of the daily electronic Endometriosis Pain and Bleeding Diary. *Health Qual Life Outcomes*. 2010;8:64. <https://www.pfizerpcoa.com/endometriosis-pain-and-bleeding-diary-epbd>.

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